

APPLICATION FOR DO IT YOURSELF MOVE AND COUNSELING CHECKLIST <i>(Read Privacy Act Statement on back before completing form.)</i>				1. DATE PREPARED (YYYYMMDD)		2. SHIPMENT NUMBER		
3. MEMBER OR EMPLOYEE INFORMATION								
a. NAME <i>(Last, First, Middle Initial)</i>			b. RANK/GRADE		c. SSN		d. AGENCY	
4. THIS SHIPMENT/STORAGE IS REQUIRED INCIDENT TO THE FOLLOWING ORDERS:								
a. TYPE ORDERS <i>(X one)</i>		b. DATE OF ORDERS (YYYYMMDD)		c. ISSUED BY				
LOCAL		d. NEW DUTY ASSIGNMENT		e. ORDERS NO.		f. NUMBER OF MILES		
PERMANENT								
TEMPORARY								
g. NAME OF PREPARING OFFICE				h. PAYING (AFO/F&AO) NAVY AND MARINE CORPS				
5. SEND CHECK TO: <i>(Complete address)</i>						6. STATE OF LEGAL RESIDENCE		
7. ENTITLEMENTS <i>(X and complete as applicable)</i>				8. MEMBER RESPONSIBILITY <i>(X and complete as applicable)</i>				
a. Option of GBL <i>(Van)</i> and/or DITY move <i>(nontemporary storage)</i> .				a. Operating allowance <i>(amount)</i> :				
b. DITY move authorized from to				b. Pick up rental vehicle and ensure safe operation. Pick up date (YYYYMMDD):				
c. ITO/TMO provided with accurate estimate weight of HHGs.				c. Empty/loaded weight tickets required for each trip made. Use government, public, commercial scales.				
d. Maximum authorized weight.				d. Name, rank, Social Security Number, Weighmaster's signature required on each weight ticket.				
e. Unauthorized items <i>(POV's, flammables, etc.)</i> .				e. Trailers weighed attached to prime mover <i>(no passengers aboard - weigh entire unit at same time)</i> .				
f. Power of Attorney, if required.				f. DITY moves require DD Form 1351-2.				
g. Type of vehicle authorized (POV).				g. DD Form 2278 and weight tickets must be submitted to paying office/TMO/ITO to receive incentive payment. Provide Rental Contract <i>(not required for Air Force and Army.)</i>				
h. Loss or damage - maximum government liability.								
i. Temporary storage.								
9. COST COMPUTATION								
a. ESTIMATED CONSTRUCTIVE COSTS				b. PAID BY DSSN				
(1) MTMC RATE SOLICITATIONS PLUS \$5.00 PER CWT X EST. WT. OR WT. ALLOWANCE		\$		c. VOUCHER NO.		d. DATE (YYYYMMDD)		
(2) LOCAL RATE PER CWT X EST. WT. OR WT. ALLOW.		\$		e. I agree to furnish two weight tickets within 45 days from the start of this move. If I fail to do so, I voluntarily consent to collection of all government costs of this move from my pay. I also voluntarily consent to collection of any unearned advance operating allowance up to a maximum of \$ _____ from my pay.				
(3) ESTIMATED GROSS INCENTIVE		\$						
(4) ADVANCE OPERATING ALLOWANCE		\$						
NO INCENTIVES WILL BE PAID WITHOUT ACCEPTABLE WEIGHT TICKETS AND OTHER REQUIRED DOCUMENTS.								
10. I CERTIFY THAT I HAVE READ AND UNDERSTAND MY RESPONSIBILITIES AND CONDITIONS PRINTED ON THIS FORM.								
a. SIGNATURE OF MEMBER/AGENT			b. DATE SIGNED		c. SIGNATURE OF COUNSELOR		d. DATE SIGNED	
11. CERTIFICATION OF ITO/TMO								
a. ACTUAL CONSTRUCTIVE COSTS								
(1) RATE PER CWT _____ PLUS \$5.00 x _____ ACTUAL WT. OR WT. ALLOW. = \$ _____				(2) LOCAL RATE PER CWT _____ X ACTUAL WT. OR WT. ALLOW. = \$ _____				
b. CONSTRUCTIVE COST OF _____ GBL OR _____ LOCAL MOVE IS \$ _____ <i>(Attach copies of acceptable tare and gross tickets.)</i>								
12. TMO ACCT. DATA:								
a. TYPED OR PRINTED NAME			b. SIGNATURE			c. DATE SIGNED		

PRIVACY ACT STATEMENT

AUTHORITY: 37 USC 406; 5 USC 5726; and E.O. 9397.

PRINCIPAL PURPOSE(S): Primarily used as a checklist for shipment of personal property under the Do-It-Yourself Moving Program. Use of the form ensures a Do-It-Yourself mover is familiar with required details of the program and is used to substantiate the member's claim for incentive payment. The form is used by finance offices to provide data for review of cases where excessive costs may have been collected by a service member.

ROUTINE USE(S): Information will be disclosed to the General Accounting Office or to any other Federal agency responsible for auditing public financial records for the purpose of validating agency procedures or investigating instances of waste, fraud, and abuse. In the event an audit gives indication that any laws may have been violated, information may be provided to Federal, state, local, and other government law enforcement officials for investigation of suspected fraud and prosecution of individuals who investigation has indicated should be prosecuted for fraud.

DISCLOSURE: Voluntary; however, if information is not provided, personal property cannot be moved under the Do-It-Yourself Program.

MEMBER RESPONSIBILITY

1. This shipment/storage lot consists of my property or the property awarded to my ex-spouse incident to a divorce which was acquired by me prior to the effective date of my orders.
2. If my orders are modified or cancelled and affect this shipment, I will immediately notify the shipping office at point of origin (or port, if any) and destination.
3. I will remit the proper amount or consent to the collection from my pay as may be necessary to cover all excess costs occasioned by this shipment.
4. I agree to furnish weight tickets within 45 days of the start of the move to preclude issuance of DD Form 139 for collection of all charges paid by the government.

5. I understand the government will not be responsible for goods remaining in storage after the expiration of the authorized period.

6. Incentives will be paid by:

NAVY - Forward documents to:
Commanding Officer
Navy Material Transportation Office
Code 024, Bldg Z-1135-5, Naval Base
Norfolk, VA 23511-6691

MARINE CORPS - Forward documents to:
Commanding General
470 MCLB
Albany, GA 31704-5000

CERTIFICATION BY MEMBER

I certify that I completed my shipment under the Do-It-Yourself Program and that my shipment consisted of household goods and personal effects that were authorized to be moved at Government expense. These goods belonged to me and were used by myself (or family) before the effective date of change of station orders. I also certify that I have not received previous payments relating to this move (*excluding operating or mileage monetary in lieu of transportation for dependents*).